

## ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE	4. BEAT/OCCUR														
	22-JUL-2015	01:44:00	5631 S MORGAN ST CHICAGO, IL 60621				304	0712														
	5. POSITION	18. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.													
	9161	GLOWACKI	SERGIO	15452	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S		510	220													
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.								
	09-MAR-2009		007 0724R	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes	HAMILTON	IDEELLA		<input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	BLK		507	170								
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB NO.	38. IR NO.	39. DNA	40. DNA									
				<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	ST BERNARD HOSPITAL	DR	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	720 ILCS 5.0/31-4-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4	19155765												
	41. SUBJECT'S ACTIONS	42. PASSIVE RESISTER	43. ACTIVE RESISTER	44. ASSAILANT:ASSAULT	45. ASSAILANT:BATTERY	46. ASSAILANT:DEADLY FORCE																
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER TOOK AN AGGRESSIVE P. <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>																		
OTHER <a href="#">SEE ADDITIONAL INFORMATION</a> _____	OTHER _____	OTHER STRUCK WITH CLOSED F. <input type="checkbox"/>	OTHER _____	OTHER _____																		
47. MEMBER'S RESPONSE	48. MEMBER PRESENCE	49. VERBAL COMMANDS	50. ESCORT HOLDS	51. WRISTLOCK	52. ARMBAR	53. OC/CHMICAL WEAPON	54. CANINE	55. TASER (Probe Discharge)	56. TASER (Contact Shot)	57. TASER (Spark Displayed)	58. OTHER	59. OPEN HAND STRIKE	60. TAKE DOWN / EMERGENCY HANDCUFFING	61. OC CHEMICAL WEAPON	62. CLOSERD HAND STRIKE/PLUNCH	63. IMPACT WEAPON (Describe in Box 40)	64. IMPACT MUNITION (Describe in Box 40)	65. OTHER	66. ELBOW STRIKE	67. KNEE STRIKE	68. FIREARM	69. OTHER
49. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)	40. ADDITIONAL INFORMATION <b>SUBJECT DISRUPTED AN ACTIVE CRIME SCENE BY PURPOSELY KICKING SPENT SHELL CASINGS IN ORDER TO CONTAMINATE AN ACTIVE CRIME SCENE AFTER R/O GAVE VERBAL DIRECTION TO LEAVE SCENE. SUBJECT THEN PUSHED R/O TWICE AND STRUCK R/O WITH CLOSED FIST;</b>																					
50. POSITION	51. STAR NO.	52. UNIT	53. INCIDENT OCCURRED	54. LIGHTING CONDITIONS	55. WEATHER CONDITIONS																	
			<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	<b>CLEAR</b>																	
56. WEAPON TYPE	57. 04 SEMI-AUTO PISTOL	58. 05 CHEMICAL WEAPON	59. 06 TASER (Probe Discharge)	60. 07 OTHER	61. MAKE/MANUFACTURER	62. MODEL	63. BARREL LENGTH	64. CALIBER/GAUGE														
65. 01 REVOLVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
66. 02 RIFLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
67. 03 SHOTGUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
68. TASER DART ID NO.	69. WEAPON SERIAL NO. (Include Letters)	70. CHICAGO GUN REG. NO.	71. IL FIREARM OWNER ID. NO.	72. HANDGUN CERTIFICATE NO.																		
73. SPECIAL WEAPON CERTIFICATE NO.	74. PROPERTY INVENTORY NO.	75. TYPE OF AMMUNITION USED	76. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	77. TOTAL NO. OF SHOTS MEMBER FIRED																		
78. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)	79. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	80. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	81. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)	82. 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)																		
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			<input type="checkbox"/> 04 OVER 15 FT.	<input type="checkbox"/> 02 NO																		
83. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)	84. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	85. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																				
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																						
86. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	87. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 6 FT. <input type="checkbox"/> 02 6.5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																					
88. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	89. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																					
90. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC	91. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																						
92. REPORTING MEMBER (Print Name) <b>GLOWACKI, SERGIO</b> 22-JUL-2015 08:29:22	STAR/EMPLOYEE NO. <b>15452</b>	SIGNATURE	93. REVIEWING SUPERVISOR (Print Name) <b>RIGAN, KRISTOPHE J</b>	STAR NO. <b>1279</b>	SIGNATURE	94. DATE REVIEWED <b>27-JUL-2015 23:29:21</b>	TIME <b>23:29:21</b>															
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																						

1520301076

HY350573

20150726  
RT# 44

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt was performing an audit of the TRR system and observed this TRR from 22 July 2015. The subject is no longer in custody. The subject was under investigation for a felony offense and an interview at the time could have compromised the integrity of the investigation and as such, no interview would have been conducted on 22 July 2015.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

After reviewing the information available to me at this time regarding this incident, I have concluded that the subject was an assailant; her actions were aggressively offensive toward the involved Department member. The involved Department member's response to control and subdue the subject were in compliance with Department policy and procedure regarding the appropriate use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MURPHY, MICHAEL P

SIGNATURE

DATE COMPLETED

TIME

02-AUG-2015 02:32:27

79. TOTAL TRR'S THIS EVENT No.

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